



Transforming Healthcare Through Collaboration

June 7, 2016

12:00 – 1:00 pm ET

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Housekeeping Issues

- All participants are muted
 - To ask a question or make a comment, please submit via the chat feature and we will address as many as possible after the presentations.
- Audio and Visual is through www.readytalk.com
 - If you are experiencing technical difficulties accessing audio through the web, there will be a dial-in phone number displayed for you to call. In addition, if you have any challenges joining the conference or need technical assistance, please contact ReadyTalk Customer Care: 800.843.9166.
- Today's slides will be available for download on our homepage at www.ehidc.org

About eHealth Initiative

- Since 2001, eHealth Initiative has been advocating the value of technology and innovation in healthcare through research and education.
- eHI convenes its multi-stakeholder members, from across the healthcare ecosystem, to discuss how to transform healthcare through information and technology.
- eHI members released *The 2020 Roadmap*. The primary objective is enable coordinated efforts by the public and private sector to transform healthcare by the year 2020.

3

Multi-Stakeholder Leaders in Every Sector of Healthcare



American Hospital Association®



The 2020 Roadmap

Key Focus Areas in 2016

- Interoperability
- Privacy & Security
- Business & Clinical Motivators
- Health IT Policy
- Population Health
- Data & Analytics
- Innovation



OCTOBER 4-5, 2016
WASHINGTON, DC

Where healthcare challenges find solutions

- eHI's Innovation Showcase is on!

Why Attend?

- **Get ready** for your “aha” moment at eHI's Innovation Showcase. Discover new ideas and the healthcare applications to enable your next leap forward.
- **Got a problem?** Find solutions to administrative, infrastructure, workflow, and consumer data integration challenges.
- **Need a partner?** Our innovative environment matches solution developers with healthcare senior executives for results.

We're bringing back the Innovation Challenge! Informative sessions will highlight best practices and innovations from leaders in: Data & Analytics, Interoperability, Privacy & Security and Clinical and Business Motivators.

Space is limited so [Register now!](#)

This webinar was made possible through the generosity and support of Orion Health!



Slides are available at www.ehidc.org/resources

Factors Driving Care Delivery Changes

New Jersey is
outpacing inflation
by 3.2%



Unsustainable 5.3%
growth in healthcare
expenditures¹

Commoditization of
Health Insurance

Inadequate Access to
Affordable Care

Aging population²
=
Rising cost per capita

Growing High-Risk
Populations

Rapidly Changing
Provider Landscape

Unique
Out-of-Network
Protected
Environment

1 - Source: Kaiser Family Foundation. "Average Annual Percent Growth in Health Care Expenditures," December 2011.

2 - Source: U.S. Census Bureau Projections, 2009.

Unaffordability of Coverage



Highest average premiums in the country

\$7,583



New Jersey

\$6,815



U.S. Average

Total Health Care Cost Per Capita¹

\$172



New Jersey

\$105



All Federal Facilitated
Markets (36 States)

Average Monthly Premiums After Tax Credits²

1 - Source: Kaiser Family Foundation; CMS National Health Expenditures Database; WHO Global Health Expenditures database.

2 - 2014 monthly premiums in 36 Federally Facilitated Markets.

Source: DHHS ASPE research Brief: "HIM 2015: Average premiums after APTC through January 13 in 37 states using the healthcare.gov platform," Feb 9, 2015.



Challenges in New Jersey

Ranked 4th in Cost



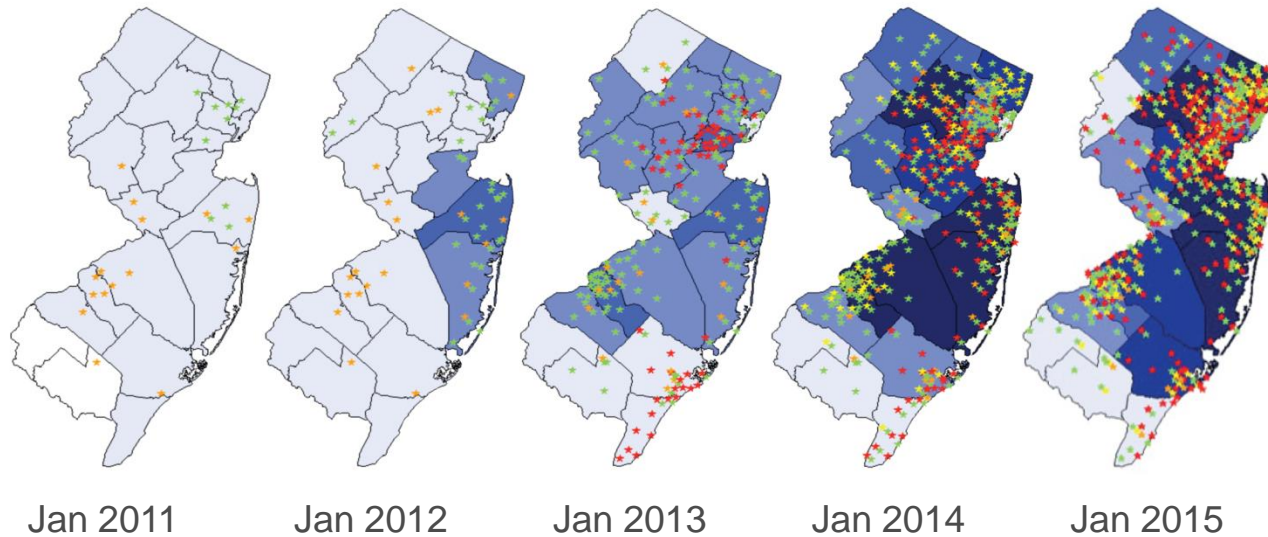
Ranked 15th in Quality



30% of spend is waste

Transforming Care to Patient-Centered

6,000 physicians committed to improving the quality of care.



800,000 Horizon BCBSNJ members in patient-centered programs:

ACOs

PCMH

EOC

2014 Patient-Centered Results



- 5%
in ER Visits



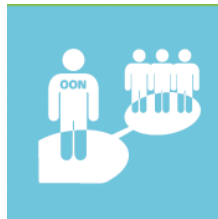
- 9%
**Total
Cost of Care**



- 8%
in Hospital Admissions



+6%
Diabetes Control



+7%
Cholesterol Management
in diabetic patients



+8%
of Colorectal Cancer
Screenings



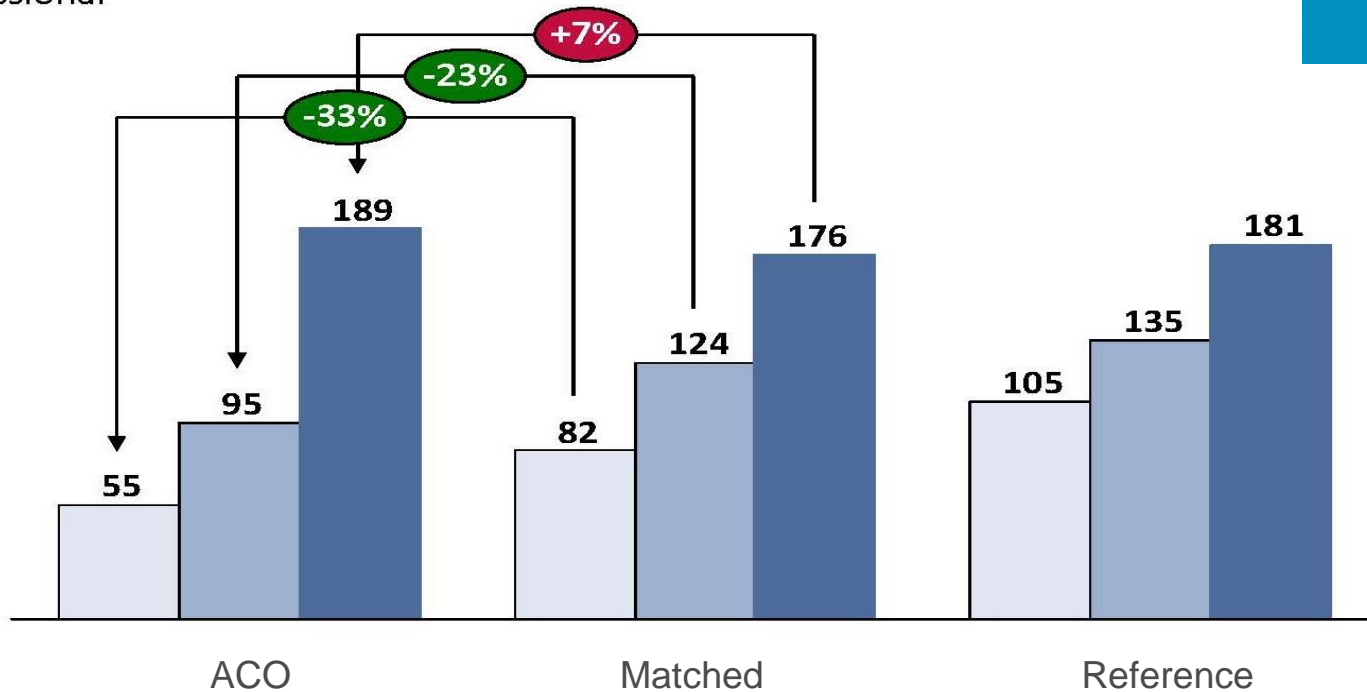
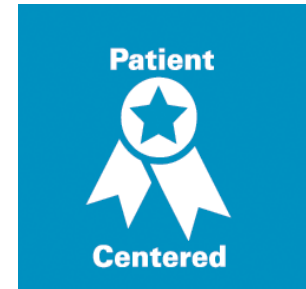
+3%
of Breast Cancer
Screenings

ACO's Results Select Drivers of Overall Change

Total cost of care favorable difference

- Inpatient
- Outpatient
- Professional

PMPM – Place of Service



Claims incurred January 2013 – December 2013, paid through March 2014.
Reference population is a larger Horizon BCBSNJ comparison across the state.

Patient-Centered Pediatric Program Launched 01/2014

More than 1,000 pediatricians and family physicians

Covering more than 150,000 Horizon BCBSNJ members



Metrics:

- Weight assessment
- Counseling for nutrition & activity
- Immunization status combination 2
- Testing for children with pharyngitis
- Treatment for children with upper respiratory infection
- Use of appropriate medications for patient with asthma
- Follow up for children under ADHD medication
- Developmental screening tool used in practice
- Children and Adolescents' Access to Primary Care Practitioners (CAP) for age 7 to 11 years
- CAP for age 12-19 years
- Adolescent Immunizations
- ER utilization

Episodes of Care - EOC

- Value-based model
- Engage specialists
- Focus care delivery on value rather than volume
- Comprehensive services specific to medical condition, illness, procedure or healthcare event during a defined time period



Results – Quality

EOC Practices Perform Better than Non-EOC on Standard Metric


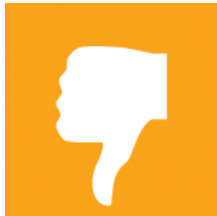
All Cause Re-Admissions:

| | EOC | Non-EOC |
|------------------------|-------|---------|
| Knee | 1.06% | 1.36% |
| Hip | 0.96% | 1.52% |
| Knee Arthroscopy | 0.00% | 4.49% |



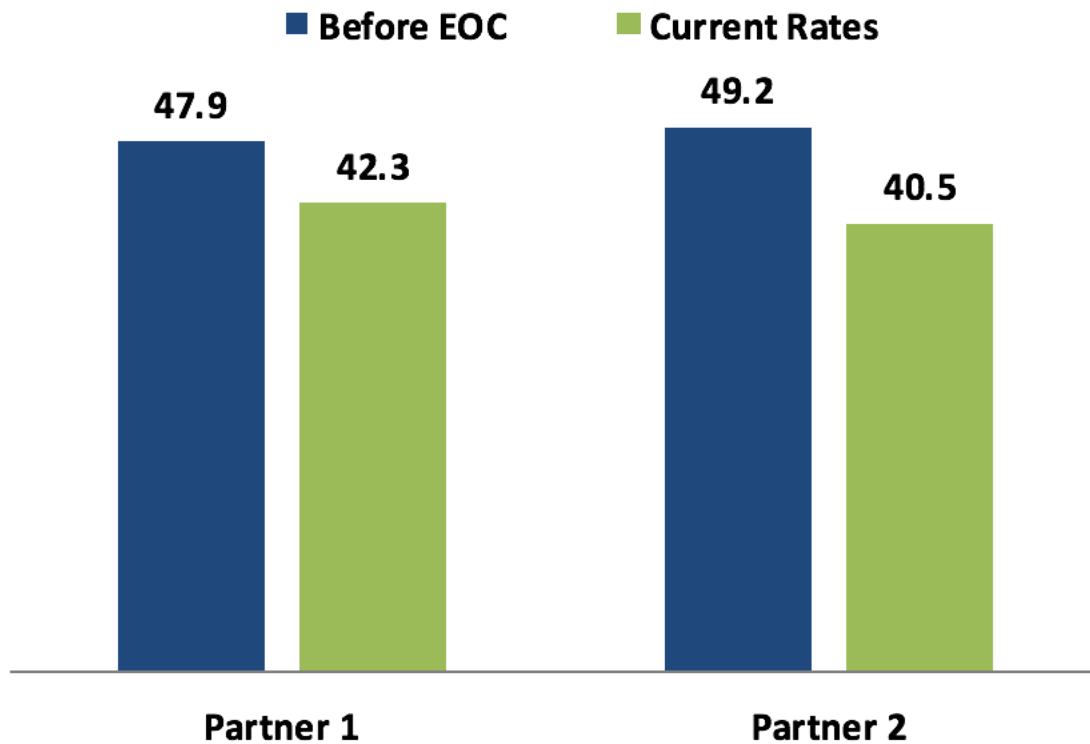
Results – Quality

EOC Practices Perform Better than Non-EOC on EOC Specific Metric

| | EOC | Non-EOC |
|--|--|--|
| Knee Revisions After Replacements | 1.06% | 1.36% |
| |  |  |

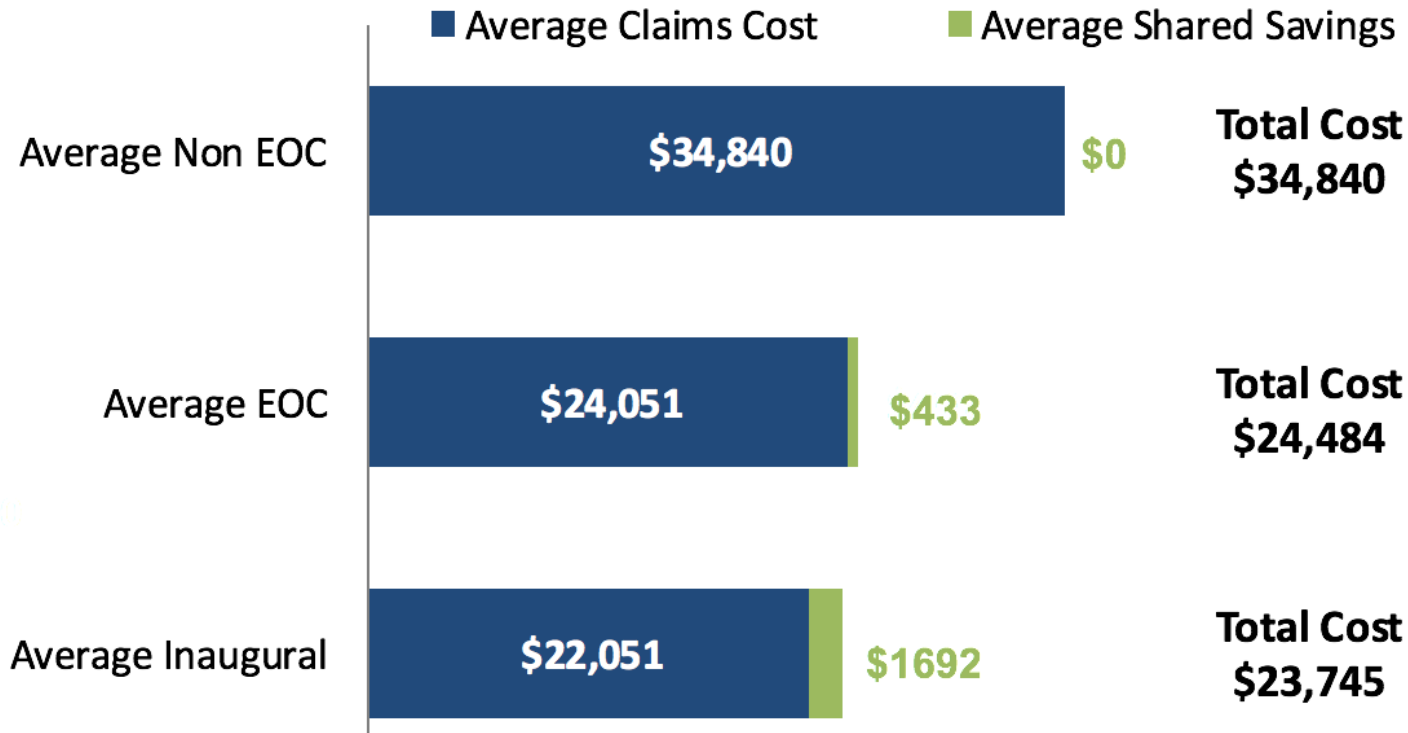
Results – Episode Specific

Average Caesarean Section Rates



Change Takes Time...

2014 average costs for hip replacement

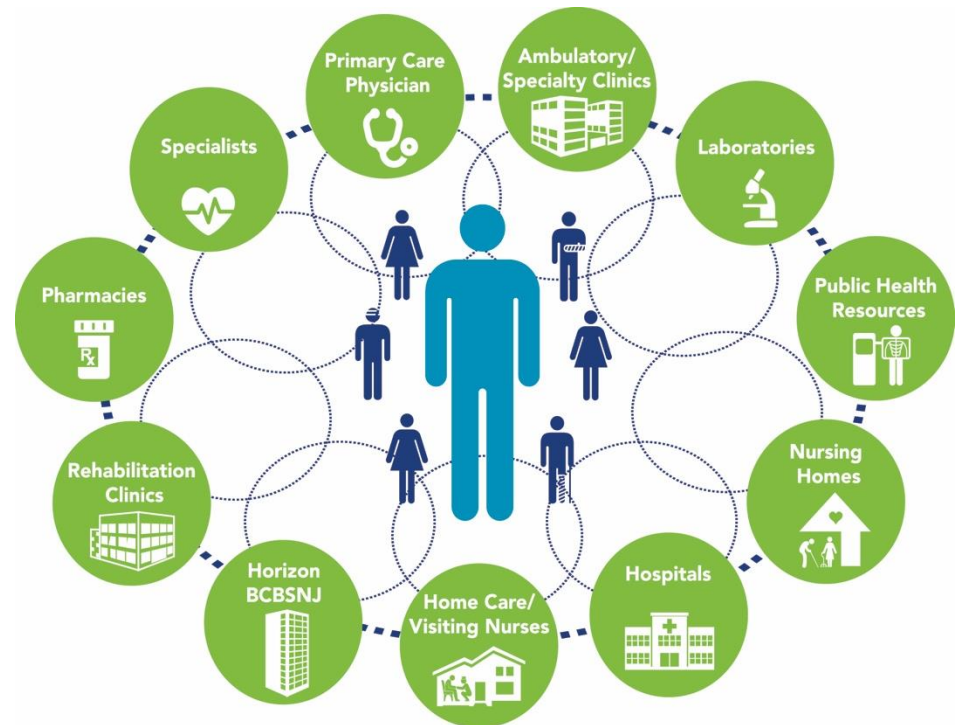


Healthcare is changing from a closed community into an ecosystem centered around the patient and their record.

It includes many elements not traditionally captured.

How can we enable collaboration between payers, providers, and members?

by Dave Bennett



Population Health is the Who, Precision Medicine is the How

Population Health Management

(based on Evidence Based Medicine)

Vs.

Precision Medicine

(based on Data Driven Healthcare)

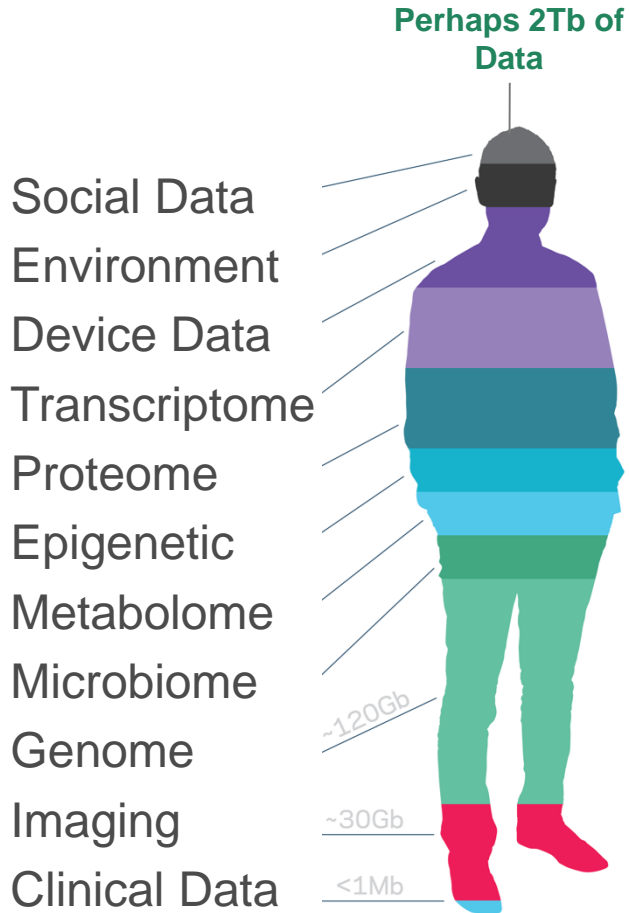


All diabetics are the same

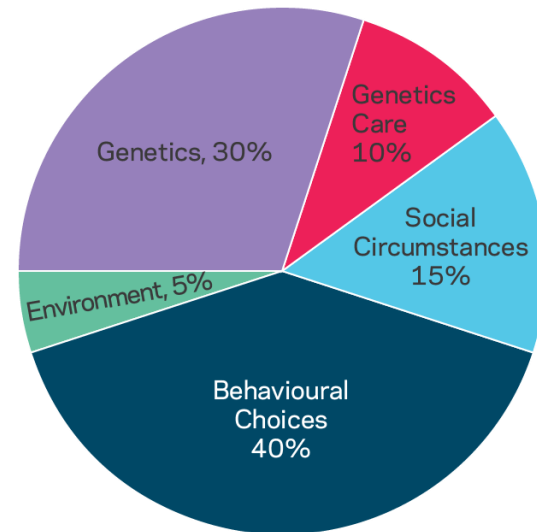


Every patient is unique

Capturing The Digital Me



Factors Influencing Health



McGinnis et. al. Human Affairs, Vol 22 (2)

The Impossible Job of a clinician



Info from Dr Google

Missing Clinical Data



Soon...a Tsunami
of new data

101010110101010101010110101010101001101
11010100010110101010101111101010110101010
1010101101010101010101011010101011010

17 New Academic
research papers / day



15
Minutes
to make a
decision



**“Evidence Based
Medicine”
decision
making...??**

Precision medicine is here

8th grader

7th grader



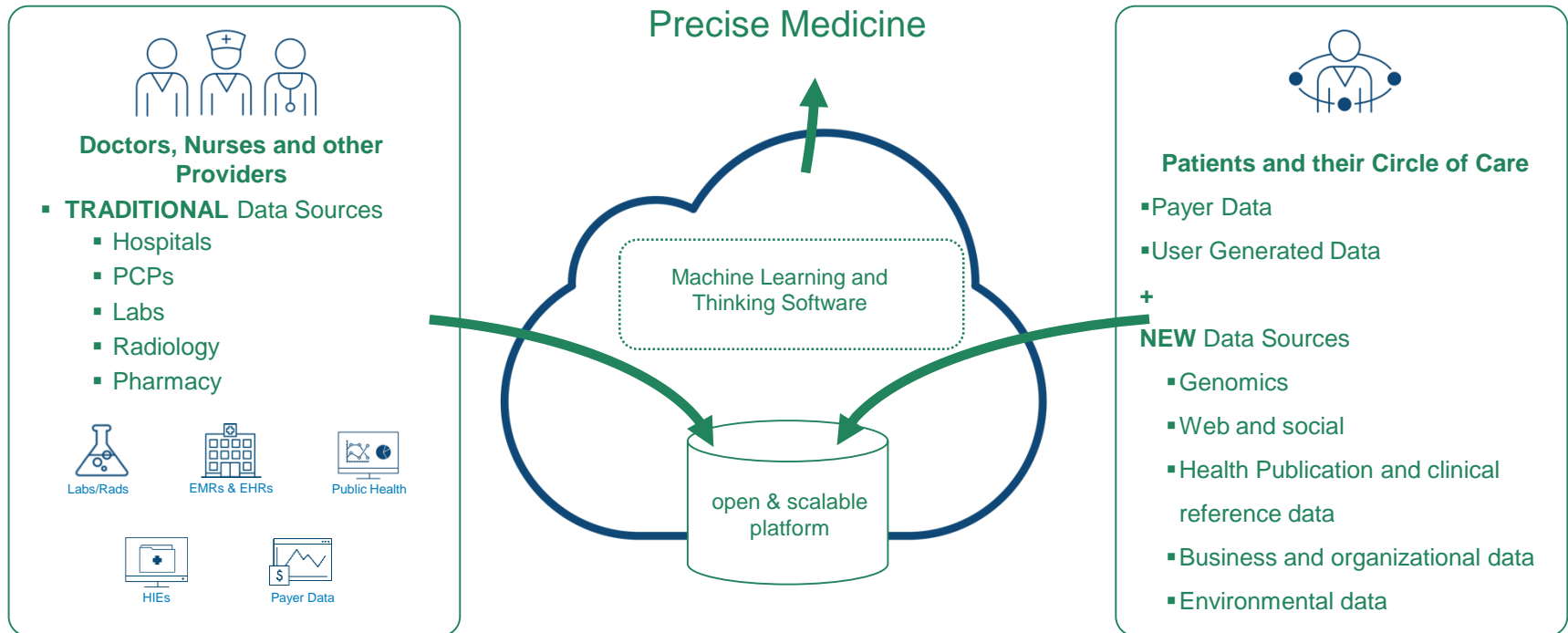
Junior Year | lifted 600lbs



Senior Year: Captain of the football team



A technology that can handles data complexity and volume



What is needed to delight members and providers?

A person is shown from the side, holding a tablet computer. The tablet screen displays a list of healthcare-related items. To the left of the tablet, a green apple sits on a dark wooden surface. The background is a solid blue color.

- Consumer engagement system
- Actionable & dynamic member account
- Dynamic member decision support
- Precise physician decision support
- Real-time case and care management
- Specialty apps for value-based programs

A platform that can handle Big Data like other Industries do



HIGH
VOLUME
AND
VELOCITY

FLEXIBILITY
AND
SCALABILITY
OF DATA
MODEL

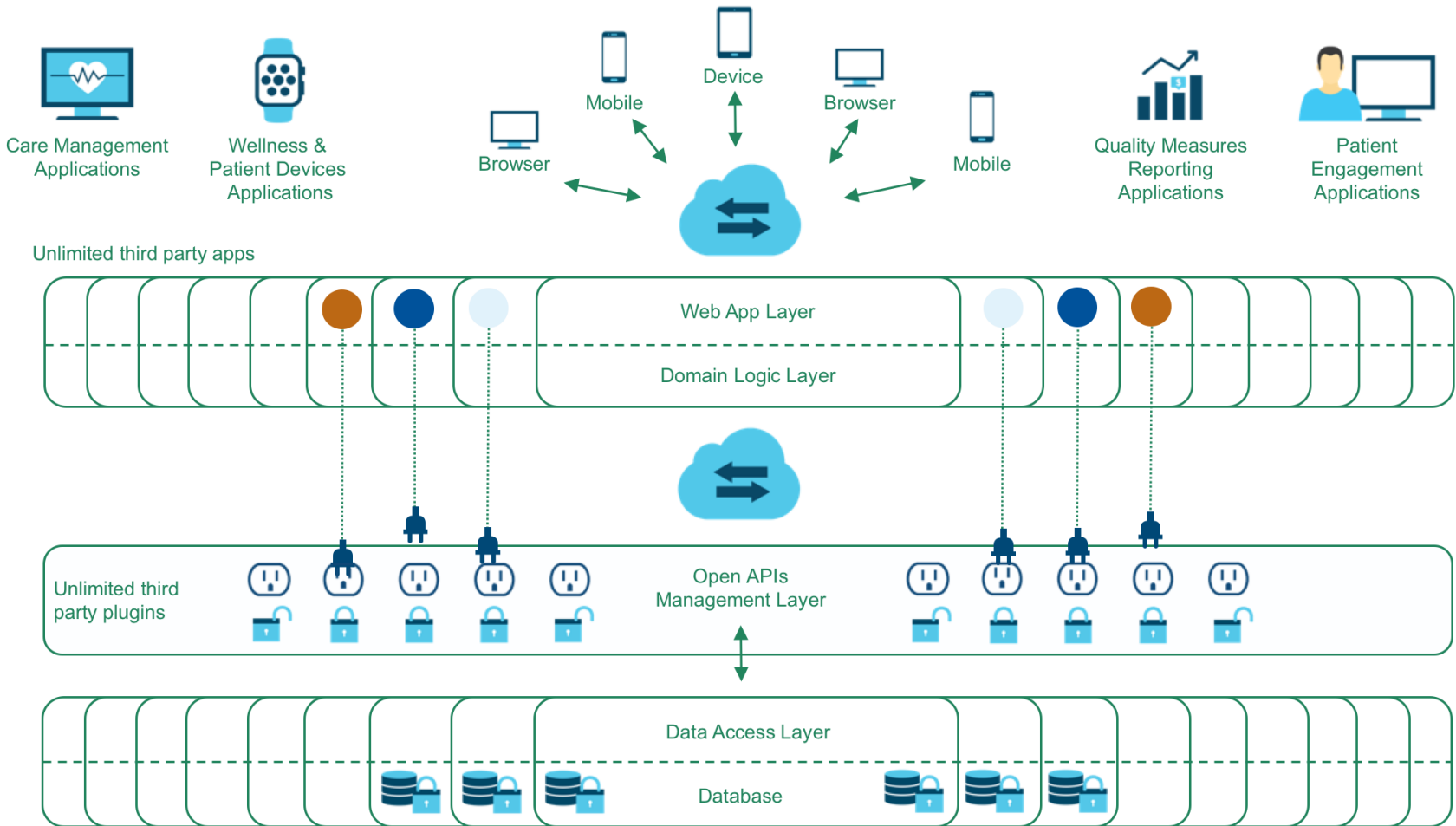
DATA
LIQUIDITY

PRIVACY
AND
SECURITY

They bring In-Memory Computing to NoSQL Cassandra

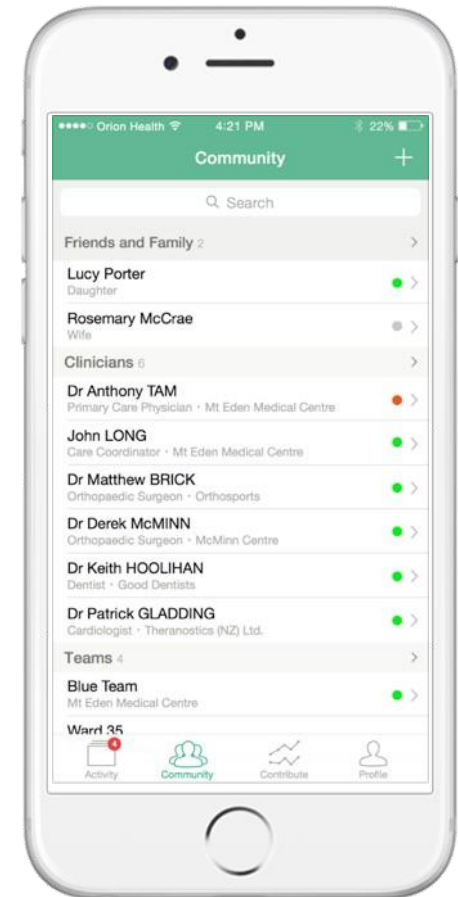
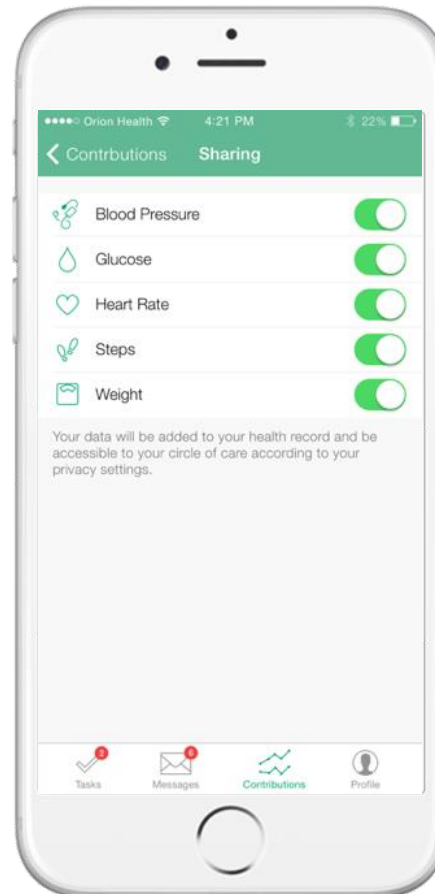


A platform with an Open API management layer

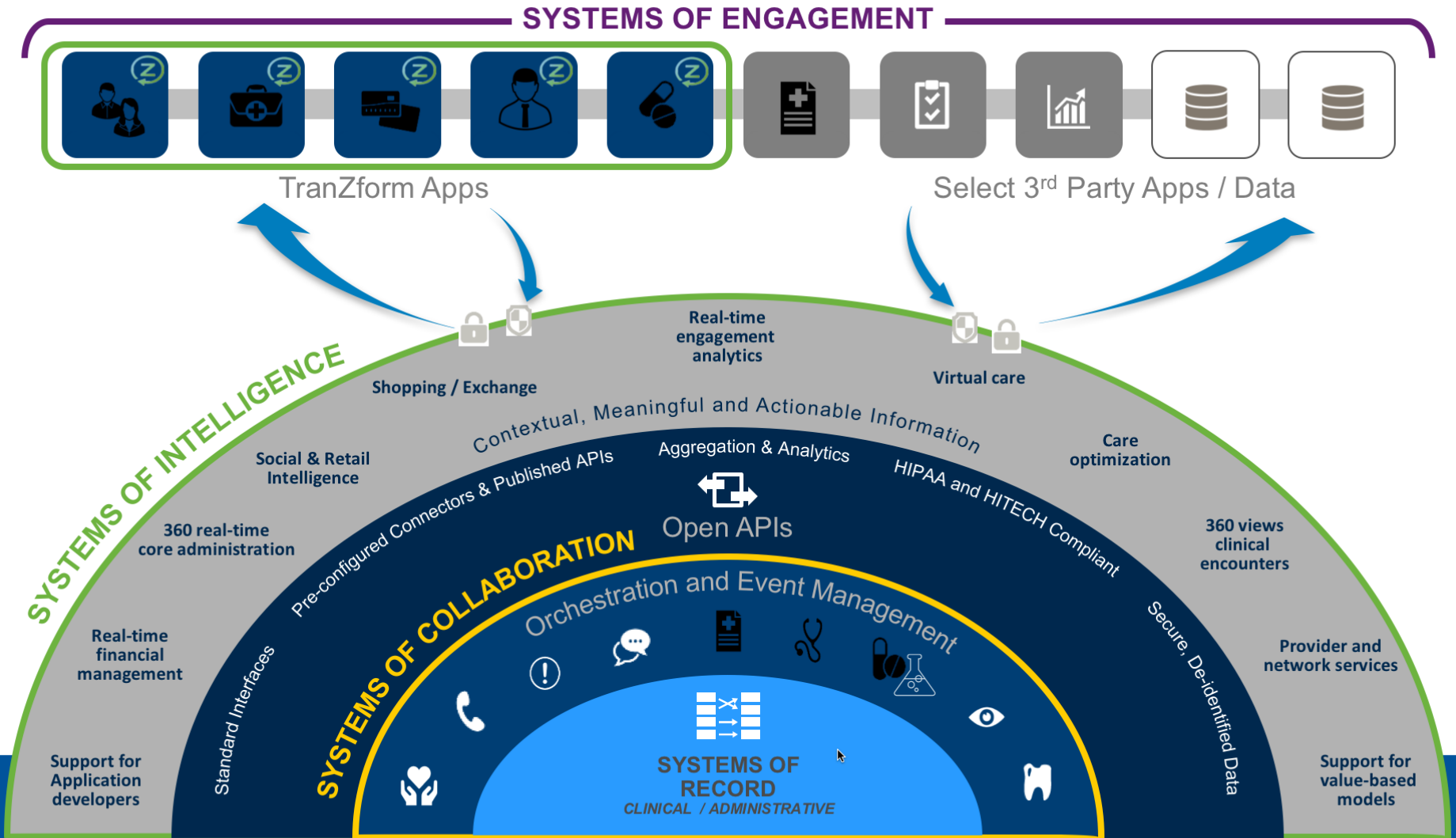


A transformed experience
for providers and members

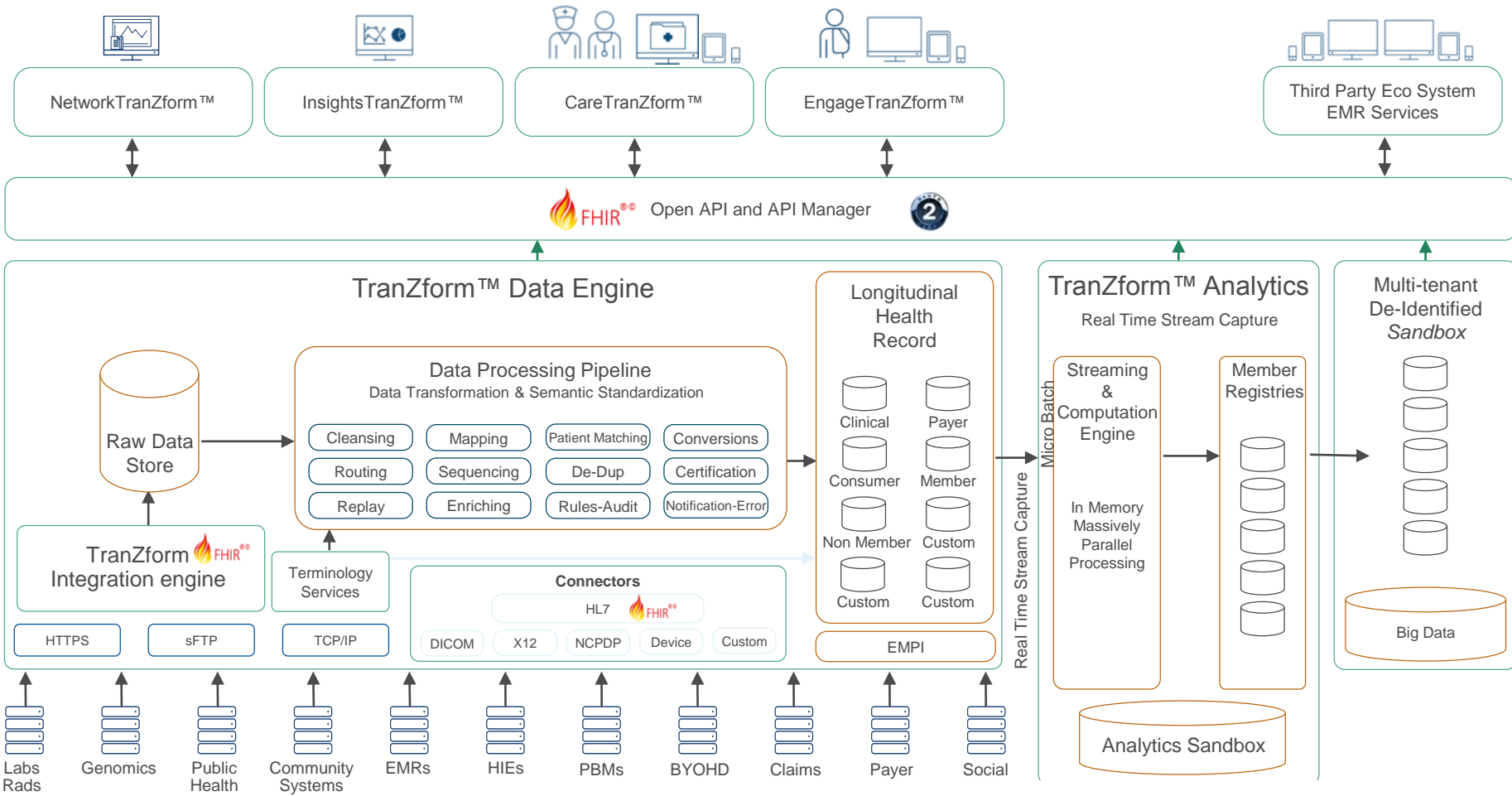
By Joel Gleason



Integration and Engagement Across the Healthcare Continuum



Open Architecture



Engage Consumer Shop & Compare Plans

TRANZFORM 👤 🛒

1 Tell us about yourself ▾

2 Choose your plan

Premium \$50 \$200

Deductible \$500 \$2000

Out of Pocket Maximum \$750 \$3000

Other Products

- Dental
- Vision
- Pharmacy
- Life Insurance

Plan Type

- PPO
- HMO
- EPO
- POS

Metals

- Rose Gold
- Space Gray
- Silver
- Gold
- Bronze

Compare Plans

| Plan Name | Match | Monthly Cost | Features |
|------------|-------------------------|--------------|--|
| Rose Gold | \$6,600/0% 75% match | \$144 | Deductible(s): \$6,600 Out of Pocket Maximum: \$7,000 Primary Care Visit: \$40 |
| Space Gray | \$6,600/0% 75% match | \$144 | Deductible(s): \$6,600 Out of Pocket Maximum: \$7,000 Primary Care Visit: \$40 |
| Silver | \$6,600/0% 65% match | \$144 | Deductible(s): \$6,600 Out of Pocket Maximum: \$7,000 Primary Care Visit: \$40 |
| Gold | \$6,600/0% 60% match | \$144 | Deductible(s): \$6,600 Out of Pocket Maximum: \$7,000 Primary Care Visit: \$40 |
| Bronze | \$6,600/0% 60% match | \$144 | Deductible(s): \$6,600 Out of Pocket Maximum: \$7,000 Primary Care Visit: \$40 |

Network Intelligence with Longitudinal Patient Record

CARDINAL, JOHN DOB 1949-12-12 (65y) MRN 84568-4564 Advance Medical Directive

✕ ⏪ ⏩

Patient Summary
Timeline
Patient Task List
External Records
Care Summary
Referral Request
Pending Referrals
Imaging
Referrals for Patient
Other
Patient Portal

Some items are not shown due to privacy restrictions. [Break Privacy Seal](#)

Document View 🔍 🔄

Showing All [Mark All As Read](#)

Group By [Category](#) Sort By [Date](#)

- Patient Summary
- Acute Care Flow Sheet
- Circle of Care Relationships (PP3)
- Add New Document
- Clinical Content (1)
- Clinical Documents (2 / 13)
- Clinical Notes - Medication History F
- Clinical Notes - Medication Reconcil
- Clinical Notes - Patient Medication C
- Discharge Summaries (1)
- Laboratory (34 / 45)
- Microbiology (4 / 7)
- Outstanding Orders (1 / 3)
- Patient Documents (3)
- Radiology (1 / 11)
- Referrals (1 / 1)

Demographics

CARDINAL, John Q Male , 84568-4564

| | |
|-----------------------|---|
| Date of Birth | 12 Nov 1949 (65 years) |
| Address | 840 Chester Ave Pasadena |
| Phone | (463) 321-4568 |
| Identifiers | 84568-4564(MRN) 106532R(OHM) |
| Primary Care Provider | WOOD, Brandon R Bough Family Clinic 315 Maple Ave Mt Roskill Auckland +64 (9) 638 0111 |
| Emergency Contact | Jargon, Carol (Sister) (408) 455-2112 |

Allergy List

| Details | Reactions (Severity) | Onset Time |
|------------------|--|---------------------|
| Penicillin | Allergic Reaction (Fatal) | On Date 03-Jun-1995 |
| Bee Stings | Allergic Reaction (Severe) Anaphylactic shock | On Date 03-Jun-1991 |
| Penicillin | Allergic Reaction (Moderate) Hives | On Date 03-Jun-1995 |
| Allergy to wheat | | 10y10m2d (Age) |

Diagnosis / Problems

Diagnoses and Generic Problems All Active or Important Active

| Problem | Type | Onset | Status | Source | Last Reviewed | 🗨 | 🚩 | Severity |
|--|-------------------|----------------------|--------|---------|---------------|---|---|----------|
| Total prosthetic replacement of hip joint NOS (179317001) | Procedure | At age 54 Year(s) | Active | Patient | - | - | 🚩 | Moderate |
| Type 2 Diabetes (E11) | Medical Diagnosis | Since age 55 Year(s) | Active | - | - | - | 🚩 | - |

Pathway Enrollment

Pathways Enroll in Pathway

| | |
|--|--|
| Diabetes Enrolled by Joe Martin on 19-Mar-2015 (7 weeks ago) Deactivate | ACTIVE |
| Empower-H - Hypertension Care Managed Program Enrolled by Martin Entwistle on 28-Feb-2015 (2 months ago) Deactivate | ACTIVE |

Showing 2 of 3 [Show All](#)

Encounter History

| | Admission | Discharge | Admit Reason | Discharge Diagnosis | Visit Type | Specialty | Facility | Clinician |
|---|-------------|-------------|---------------------|---------------------|------------|---------------|---------------------|---------------------|
| 🔍 | 06-Mar-2013 | 06-Mar-2013 | Cardiology Check | Stable Angina | O | Cardiology | Bough Family Clinic | Dr Francis MCNAMARA |
| 🔍 | 01-May-2012 | 01-May-2012 | Scheduled follow up | Diabetes | O | Endocrinology | Bough Family Clinic | Dr Francis MCNAMARA |

Dashboard summary including activity stream

Network Intelligence with Real-Time Activity Summary

CARDINAL, John Q
BORN 11-Nov-1949 (65y) GENDER M
ADDRESS (2) 840 Chester Avenue, P... PHONE (463) 321-4568
MRN 84568-4564 MPI 84568-4564
LAST VISIT General Medicine BMI 43.44
LOGOUT (taylor.night)

Summary | History | Consult | Patient Portal

Summary

- Encounters
- Problems
- Medication
- Observations
- Procedures
- Care Plan
- Circle of Care
- Payer Sourced Data

Conditions

- Osteoarthritis
- Chronic Obstructive Pulmonary Disease
- Diabetes type 2
- Hypertension

Medications

- Capoten - captopril 25 mg tablet
INDICATION: Hypertension
- Levemir - insulin detemir 100 IU/mL injection
INDICATION: Type 2 Diabetes
- Serevent - salmeterol 50 microgram/actuation inhalation: pressurized
INDICATION: COPD
- Tylenol - acetaminophen 325 mg tablet
INDICATION: Moderate Pain

Recent Encounters

- Outpatient Visit to Piedmont Physicians
17-Jan-2015

Allergies and Adverse Reactions

- Bee Stings
- Penicillin

Goals

- Weight Reduction: 285 lbs START to 232 lbs 30-FEB
- Smoking Cessation: 21 /day START to 14 /d 20-JAN
- Reduce A1c: 8 % START to 7 % 20-FEB
- Blood Pressure Control: 140/90 START to 125/82 20-FEB

Observations

- BP: 141/85 (30-NOV-14 to 30-JAN-15)
- Weight: 232 lbs (30-DEC-14 to 30-FEB-15)

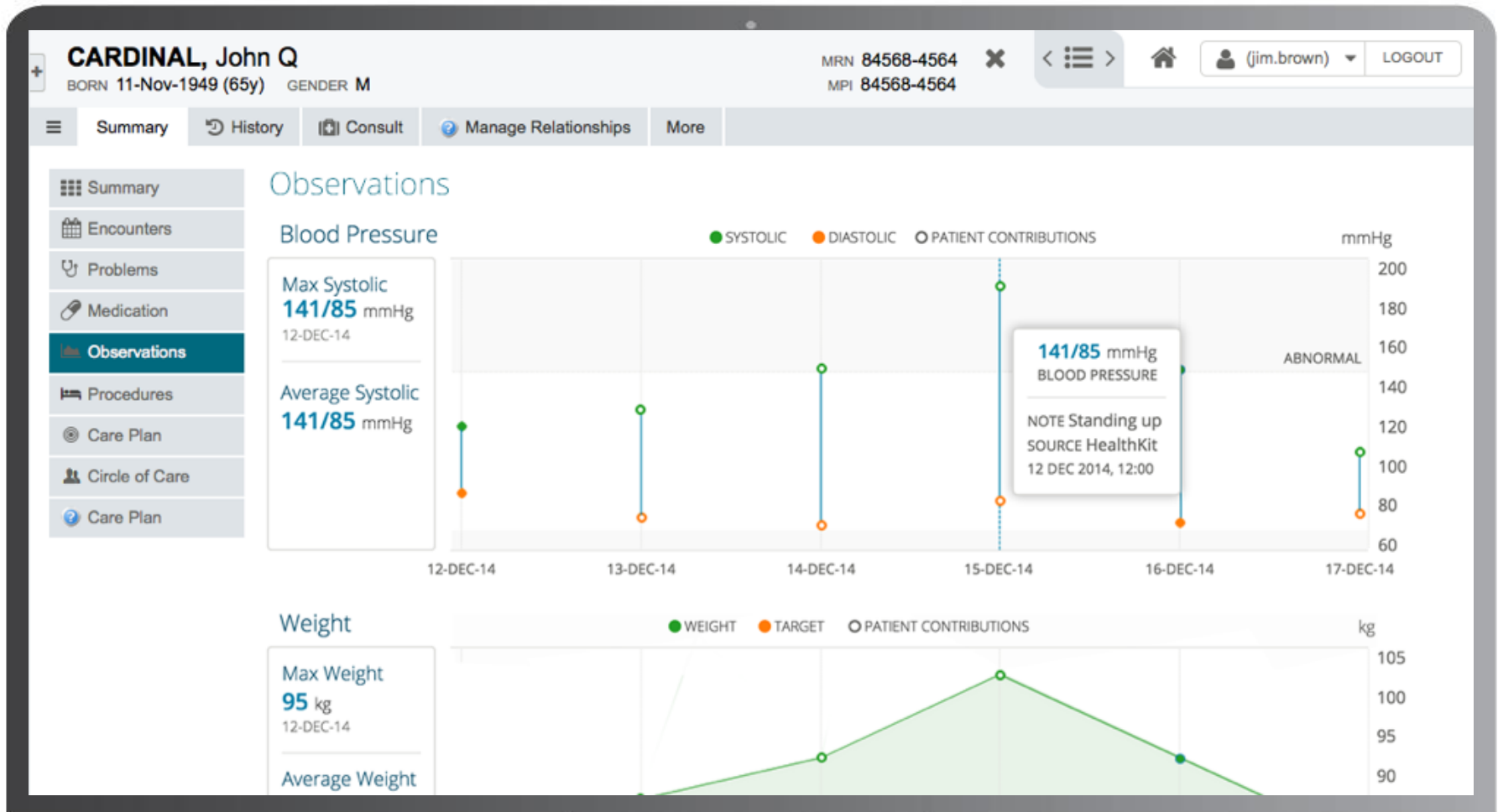
4 Outstanding Tasks

Activity

- THIS YEAR
- Dr Francis MCNAMARA reviewed Medications 12-Feb-2015
- Enrolled in COPD Pathway 17-Jan-2015
- Serevent - salmeterol 50 microgram/actuation inhalation: pressurized added to Medications 17-Jan-2015
- Chronic Obstructive Pulmonary Disease added to Problems List 17-Jan-2015
- Outpatient Visit to Piedmont Physicians DIAGNOSIS COPD 17-Jan-2015
- 2014
- Blood Pressure Control added to Goals 11-Jul-2014

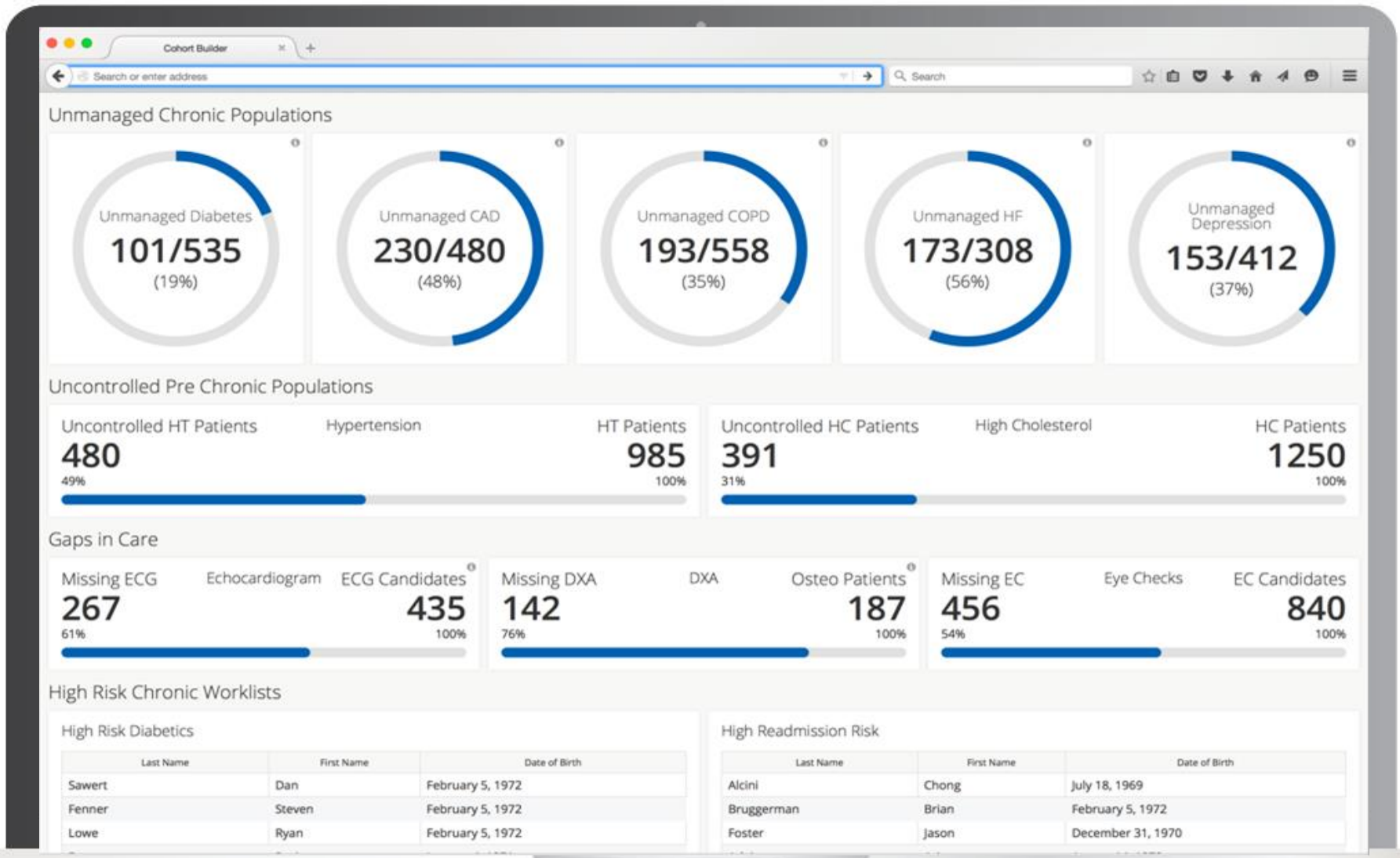
Dashboard summary including activity stream

Network Intelligence Real-Time Observations



Dashboard summary including biometrics and devices data

Network Intelligence with Analytics Dashboard



Network Support with Real-Time Notifications & Alerts

The screenshot shows a web application interface for managing notifications and subscriptions. The top right corner displays a home icon, a user profile for 'jim.brown', and a 'LOGOUT' button. A left sidebar contains navigation options: PATIENTS, WORKLISTS, MESSAGING, TASK LIST, NOTIFICATIONS (with 'My Subscriptions' selected), and REPORTS. The main content area is titled 'My Subscriptions' and includes a form for configuring notification preferences. The form fields are: Direct (aaron.parkes@orionhealth.com), My EMR (Core Package Test EMR), My Email Address (aaron.parkes@orionhealth.com), and By default (Notify By Email, Notify in Daily Summary Email, Notify in Daily Summary Concerto User Messaging, Send any associated document to Direct, Send any associated document to My EMR). Below the form, there are two sections: 'General Subscriptions' and 'Subscriptions for patients I have a relationship with'. Each section contains a table of notification types with checkboxes and delivery options.

Direct: aaron.parkes@orionhealth.com
My EMR: Core Package Test EMR
My Email Address: aaron.parkes@orionhealth.com
By default:
 Notify By Email
 Notify in Daily Summary Email
 Notify in Daily Summary Concerto User Messaging
 Send any associated document to Direct
 Send any associated document to My EMR

Choose which notifications you want to receive and where to send them. Daily Summary and Email cannot contain patient information so the detail must be sent elsewhere.
All notifications are sent as they happen except the Daily Summary, which is sent during the night.

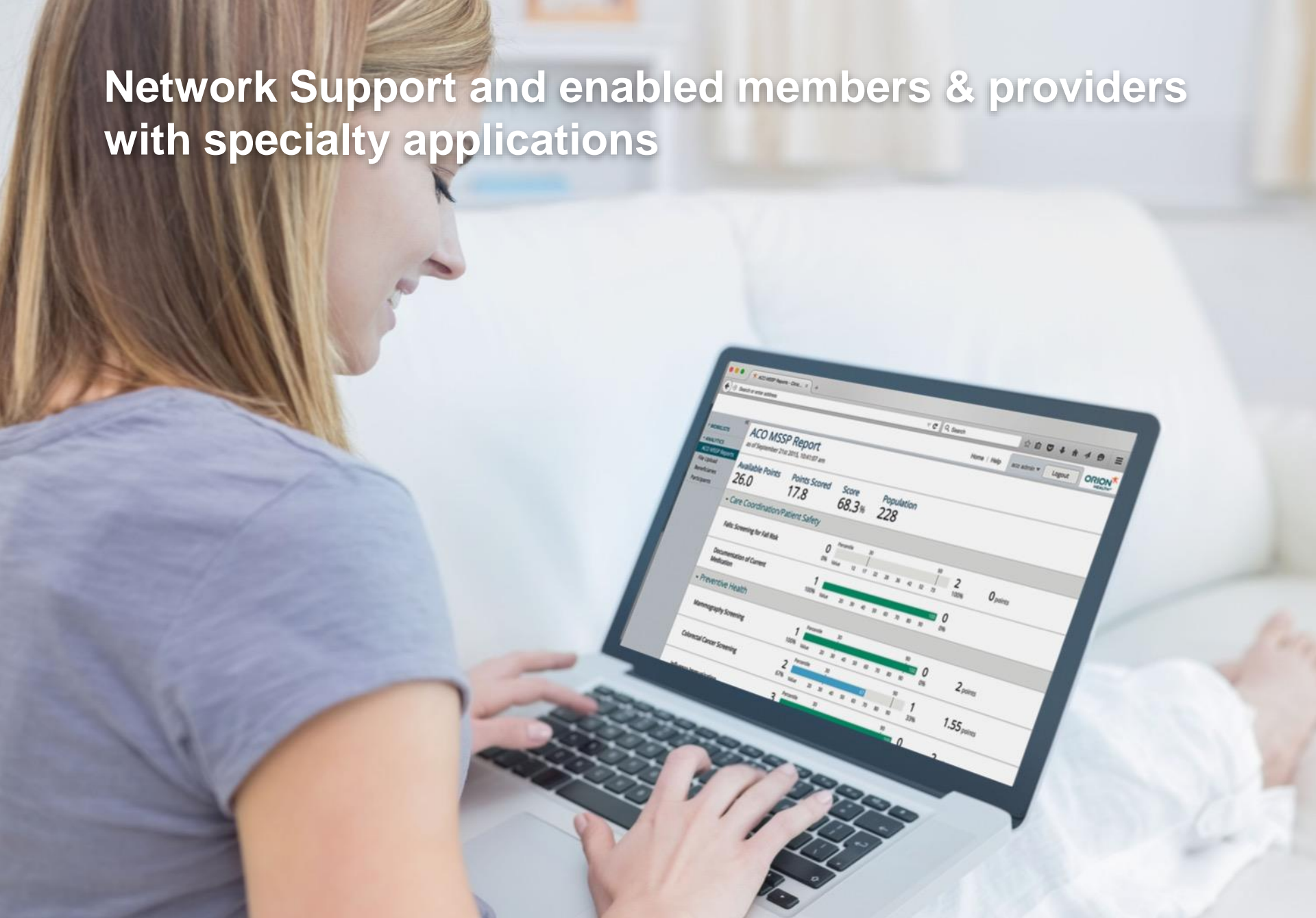
General Subscriptions

| Notification | Delivery Options |
|--|------------------|
| <input type="checkbox"/> Final Microbiology Result available - LabEvent where I am ContentResolver | |
| <input type="checkbox"/> Interim Microbiology Result available - LabEvent where I am ContentResolver | |
| <input type="checkbox"/> Final Laboratory Result is available - LabEvent where I am ContentResolver | |

Subscriptions for patients I have a relationship with

| Notification | Delivery Options |
|--|-------------------------------|
| <input type="checkbox"/> Clinic Appointment Completed | |
| <input checked="" type="checkbox"/> Inpatient Admission - EncounterEvent | Custom Change |
| <input checked="" type="checkbox"/> Inpatient Discharge - EncounterEvent | Custom Change |
| <input checked="" type="checkbox"/> Patient is admitted to ER - EncounterEvent | Custom Change |
| <input type="checkbox"/> Patient is discharged from ER - EncounterEvent | |
| <input type="checkbox"/> A new document (imaging report) is available - LabEvent | |
| <input type="checkbox"/> Final Radiology Report is available - LabEvent | |
| <input type="checkbox"/> Final Laboratory Result is available - LabEvent | |
| <input type="checkbox"/> Interim Microbiology Result available - LabEvent | |
| <input type="checkbox"/> A new document is available - LabEvent | |

Network Support and enabled members & providers with specialty applications



Featured: MSSP Management application



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Questions and Answers!

- Please use the chat feature to ask questions
- Today's slides will be available for download on our homepage at www.ehidc.org
- If you have any questions, please contact Claudia Ellison, Claudia.Ellison@ehidc.org

This webinar was made possible through the generosity and support of Orion Health!



Slides are available at www.ehidc.org/resources